

Tax Information Authorization

1. Taxpayer(s) Information.

Taxpayer 1: Taxpayer 2:

Social Security Number: Social Security Number:

Address: Address:

2. Appointee.

Name:

The appointee is authorized to inspect and/or receive confidential tax information from the City of Willard Income Tax Department for tax matters. This authorization does not expire until the City of Willard is notified to correct/remove the appointee from your file.

3. Signature of taxpayer(s).

Signature	Date	Signature	Date

Print Name	Date	Print Name	Date

4. Revocation of tax authorization.

By checking this box I hereby revoke previous authorizations to my tax account.

Signature	Date	Signature	Date

Print Name	Date	Print Name	Date